

detergents such as Bon Ami®, Cold Power® detergent and Lux® detergent as well as popular face soaps, such as Lux® soap, Shield® soap and Zest®. Zest® is very heavily advertised on television and in this author's experience is a common offender.

The butterfly rash over the cheeks and bridge of the nose may suggest at first glance that we are dealing with lupus erythematosus. As one would expect, the areas affected are those most directly exposed to the sun's rays, including the tips of the ears, the cheeks and backs of the hands. Unfortunately photosensitivity may persist for a considerable length of time after the use of the offending soap or detergent is discontinued. A few unfortunate victims become identified as persistent light reactors and must avoid exposure for months or years.

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Evaluation and Management of Insomnia

INSOMNIA IS THE MOST prevalent of all primary sleep disturbances which the physician is called upon to manage. Recent studies in sleep research laboratories have contributed greatly to our understanding of this disorder. It has been found that over 80 percent of insomniac patients have significant psychopathology as evidenced by one or more major Minnesota Multiphasic Personality Inventory (MMPI) scales in the pathological range. Specific MMPI scales which have been found most frequently abnormal are those for depression, sociopathy, obsessive-compulsive features and schizophrenic trends. Insomniac patients, however, seldom view their difficulties in psychological terms. They are not often referred for psychiatric care and seek such care only rarely.

Although many drugs are initially effective in inducing or maintaining sleep, tolerance frequently develops within two weeks. Flurazepam (Dalmane®) seems to be the drug of choice since such tolerance does not appear to develop. In cases where hypnotic drugs have become ineffective, the drug should be withdrawn extremely gradually (at the rate of one therapeutic dose every five or six days) to minimize rapid eye movement (REM) rebound, and the patient should be warned that in-

creased dreaming and even nightmares may occur. Drug therapy alone is usually sufficient in cases of mild insomnia or insomnia secondary to situational disturbances. More severe or chronic insomnia usually requires both psychotherapy and drug therapy.

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Spandex Dermatitis

SOME KNOWLEDGE quite old becomes extremely current due to progress in industry. A good illustration of this is provided by the special organic sulphur compounds which include disulfiram (Antabuse®), thiram, and now spandex used in making stretch materials for garments—especially girdles and brassieres for women. It is well known that the patient ingesting disulfiram (Antabuse®) is sensitized and becomes extremely ill when he ingests alcohol. It is less well known that related synthetic rubber compounds, or related fungicides, such as thiram, have this same ethanol sensitization reaction in the skin.

As early as 1925 workers in the rubber industry began to develop eczematous eruptions due to sensitivity to thiram (bis [dimethylthiocarbamoyl] disulfide). This material is a catalytic accelerator for the process of vulcanizing and it is still in use and constitutes a major cause of rubber sensitivity.

In the 1950's this molecule produced the interesting condition known as "golf course dermatitis." Thiram is an excellent fungicide and was sprayed on golf courses for this purpose. The golfer who played early in the morning seemed to get the largest dose and if the golfer had an alcoholic drink after the game the burning, itching and redness of the skin that soon ensued was very distressing. An interesting aspect of this was that the hand that was used to pick up the golf ball was always much more involved than the other hand.

Now modern industry has given us spandex manufactured by several different companies including Dupont, United States Rubber, American Cyanamide and Kemstran Corporation and sold under various trademarks including Lycra®, Burreme®, Numa® and Blue "C"®. By 1967 it was